

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		8/10/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		8-13-99
FORMALITY REVIEW		71531	8-25-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	06/25/02
2	06/25/02
3	06/25/02
4	06/25/02
5	06/25/02
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8	06/25/02
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47	06/25/02
48	06/25/02
49	06/25/02
50	06/25/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE